FY 2004 Perkins / State One-Year Spending Plan

SALARY AND/OR STIPEND NARRATIVE AND JUSTIFICATION FORM

Eligible Recipient:		Project	Number:	04
County Name:	County	Code:		
(NOTE: Perkins funds ma See Item C of the Statemen	nt of Assurances)	ant funds from non-Fede		SC 7371(b)).
Expenditure Category (10	00-100, 200-100):	Position Title:		
I. List the primary job responsible the number of vocationals				
II. Explain how the proposed performance on one or m and Measures and FY200 Academic Attainment, Sk (postsecondary), Placeme guidelines "Final Agreed	ore of the outcomes (st 04 objectives. Be speci kill Proficiency, Completent Achievement and/o	tate standards) of the neg fic as to which standard letion, Diploma Credenti r Nontraditional Training	gotiated Performan (s) is/are being addial (secondary), Reg. Refer to pages 6	ce Standards lressed: tention 6-9 in the
B. Percentage of er	ontracted salary reques mployee's contracted to as a result of the grant	ted:eme that the employee was funds, to provide instructions%		
	ary or any salary above rs requested above cont ed hourly rate of pay, C	tract time:	hou	ırs

Budget Detail Form

SALARY AND/OR STIPEND NARRATIVE AND JUSTIFICATION FORM

PURPOSE OF THE PERKINS ACT

The purpose of the Perkins Act is to develop more fully the academic, vocational and technical skills of students by building on the efforts of states and localities to develop challenging academic standards. The purpose is also to promote the development of services and activities that integrate academic, vocational, and technical instruction, and that link secondary and postsecondary education for participating vocational and technical education students.

INSTRUCTIONS

The eligible recipient must provide strong justification for any and all proposed salary requests. **To satisfy this requirement,** answer Questions I - IV for Instructional Salaries (100-100) and Support Services Salaries (200-100). The narrative description and justification must cover July 1, 2003 through June 30, 2004.

- 1. At the top of the page, indicate the Eligible Recipient Name, Perkins Project Number, County Name and two-digit County Code in the spaces provided.
- 2. Complete questions I IV. DO NOT combine requests or justifications for Instructional Salaries (100-100) and Support Services Salaries (200-100). Submit a separate narrative justification form for <u>each</u> proposed salary/stipend expenditure. The form must be completed for all salary and stipend requests.
- **3.** Begin the response to question II on a separate page, placing the question as the title at the top of the page.
- **4.** For items III and IV, include the information relevant to the position for which funding is requested. Complete item III if the position is full-time. Complete item IV if the position is part-time, a stipend, or other salary above contracted time.
- **5.** Submit the Perkins Spending Plan Salary Narrative and/or Stipend Questionnaire and Justification Form with Budget Detail C Salaries Form(s) for each proposed salary expenditure.